



# CASE REPORTS

## Acute Appendicitis with Perforation by An Ingested Nail

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PERFORATION OF THE APPENDIX by an ingested nail is uncommon. Collins<sup>1</sup> reported that foreign bodies were found in the lumen in 40 per cent of 50,000 appendical specimens examined. Thirty-nine per cent of the foreign bodies were fecoliths, 0.1 per cent were common metal pins, 0.05 per cent needles and 0.08 per cent nails. Of 45,335 surgically removed specimens, 10.8 per cent were described as being either gangrenous or perforated. Sawyer<sup>3</sup> reported a small series of cases of acute appendicitis with perforation due to sharp foreign bodies. It is of historical interest that the first recorded appendectomy was done by Claudius Amyand on December 6, 1735, on an 11-year-old boy who had a scrotal hernia with a fistula formation that contained a chronic suppurative perforated appendix. The perforation was caused by a pin in the appendix.<sup>2</sup>

### REPORT OF A CASE

A 9-year-old white boy was admitted to the hospital with complaint of abdominal pain and anorexia. Approximately ten hours before, pain had developed in the lower right quadrant of the abdomen and was associated with anorexia. The pain was persistent, localized and did not radiate. Nausea developed and anorexia became more pronounced.

On examination the temperature was 99.2° F., the pulse rate 116 per minute and respirations 22 per minute. The abdomen was tender to palpation in the right lower quadrant and some rebound tenderness and definite muscle guarding were noted. Results of urinalysis were within normal limits. Leukocytes numbered 10,000 per cu. mm., made up of 62 per cent segmented neutrophils and 38 per cent lymphocytes.

A McBurney incision was made in the abdomen and a mass was observed in the region of the cecum. The appendix was freed by blunt dissection from the mass, which was inflammatory. The appendix was 4.5 cm. long and 2.0 cm. in diameter at the distal half. It was covered with pus and fibrin and the capillaries were engorged. The point of a nail projected 1 cm. through one wall of the distal half.

Submitted January 7, 1959.

A routine appendectomy was done and the abdominal incision was closed without drainage. The patient was discharged from the hospital on the fourth postoperative day.

The patient could not remember having swallowed a nail, but questioning elicited that he sometimes held nails in his mouth, imitating his father, who was a carpenter.

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### REFERENCES

1. Collins, D. C.: A study of 50,000 specimens of the human vermiform appendix, S.G.O., 101:437, Oct. 1955.
2. Creese, P. G.: The first appendectomy, S.G.O., 97:643, Nov. 1953.
3. Sawyer, C. F.: Foreign bodies in the peritoneum, Surg. Clinics N.A., 110, Feb. 1944.

## Complicated Regional Enteritis

### The Need for Complete Exclusion of the Involved Segment

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REGIONAL ILEITIS was defined and its pathological and clinical details elaborated upon by Crohn, Ginsburg and Oppenheimer<sup>1</sup> in 1932. The entity had been observed previously, but was grouped with others under the general term *benign granuloma*. The classic description of the symptoms, cause and complications has not had to be amended. However, the pathological concept of the disease and etiologic delineations have been subjects of considerable speculation. The factors considered have included generalized as well as specific bacterial infections, allergic reaction, lymphatic dysfunction and psychosomatic causes. However, none of these conjectures has been completely substantiated by clinical investigation.

Treatment with drugs, although supportive, is not specific. Spontaneous regression of the disease with healing may occur, but recurrences are common.

Presented before the Section on General Surgery at the 88th Annual Session of the California Medical Association, San Francisco, February 22 to 25, 1959.

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